Letters

CMAJ publishes as many letters from our readers as possible. However, since space is limited, choices have to be made, on the basis of content and style. Letters that are clear, concise and convenient to edit (no longer than two double-spaced typescript pages, or 450 words) are more likely to be accepted. Those that are single-spaced, handwritten or longer than 450 words will usually be returned or not published. We reserve the right to edit letters for clarity and to abridge those that are unduly long or repeat points made in other letters, especially in the same issue.

Residency training in internal medicine: program design in an era of constraint

Dr. Tim W. Meagher claims in his article (*Can Med Assoc J* 1988; 138: 705–708) that the program for training residents in internal medicine at the Montreal General Hospital ensures "exposure to all the key elements of internal medicine in 3 years" and that the subspecialties "represent the most important fields for a general internist" and are "appropriate for an internal medicine practice in North America". He states that the amount of time spent in each subspecialty is decided by several criteria, such as "the prevalence of problems in that subspecialty in a general internal medicine practice in North America" and "the likelihood that knowledge in that area will not be gained from a rotation in general medicine".

I was therefore surprised to see that the subspecialty of geriatric medicine, which surely fulfils each of these criteria, is not included in the core rotations and utterly amazed that it is not offered even as an elective rotation. That ophthalmology and gynecology are considered more important than geriatric medicine suggests to me that either the case mix of patients within the clinical teaching units of the Montreal General Hospital is very different from that in the rest of Canada or the high prevalence of problems among that hospital's elderly patients and the benefits offered by a geriatric service have been overlooked.

Geriatric medicine is recognized by the Royal College of Physicians and Surgeons of Canada as a legitimate subspecialty within internal medicine. Authoritative bodies such as the CMA[1] have recommended that a rotation in geriatric medicine be considered mandatory in internal medicine training, a situation that already exists within several Canadian medical schools.

The multidisciplinary geriatric approach is of proven benefit in inpatient assessment units,[2] day hospitals[3] and consultation services,[4] and to ignore the importance of this subspecialty in the face of the striking demographic changes across Canada is to bury one's head in the anachronistic sands of traditional medical conservatism.

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References

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2. Rubenstein LZ, Josephson KR, Wieland GD et al: Effectiveness of a geriatric evaluation unit. A randomized clinical trial. *N Engl J Med* 1984; 311: 1664–1670
3. Eagle DJ, Guyatt G, Patterson C et al: Day hospitals' cost and effectiveness: a summary. *Gerontologist* 1987; 27: 735–740
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As a member of an emerging subspecialty of internal medicine that is still in its infancy and is struggling to compete with more established subspecialties I was curious to see how my discipline would be incorporated into the program Dr. Meagher describes. I was shocked to find no mention of geriatric medicine whatsoever.

Although frail elders are already heavy users of general medical services, although their numbers will triple before the turn of the century, and despite the growing body of scientific evidence for the efficacy and cost-effectiveness of geriatric services,[1-3] geriatric medicine rates somewhere below tropical medicine in perceived relevance at the Montreal General Hospital. This seems absurd considering the criteria that Meagher outlines for determining the amount of time spent in each subspecialty. Perhaps it was considered that general medical services teach geriatric skills adequately. I submit that if this is the rationale, there is little evidence to substantiate it. In fact, cognitive impairment and gait disorders that geri-